

County: Eau Claire
 SYVERSON LUTHERAN HOME
 816 PORTER AVE

Facility ID: 5300

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EAU CLAIRE 54701 Phone: (715) 832-1644
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 115
 Total Licensed Bed Capacity (12/31/04): 115
 Number of Residents on 12/31/04: 107

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 110

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	0.0	Under 65	8.4	1 - 4 Years	43.0
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	17.8	65 - 74	1.9	More Than 4 Years	21.5
Supp. Home Care-Household Services	No	Mental Illness (Other)	24.3	75 - 84	27.1		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.7	*****	
Respite Care	Yes	Para-, Quadra-, Hemiplegic	1.9	95 & Over	15.0	Full-Time Equivalent	
Adult Day Care	No	Cancer	3.7			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	3.7		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	20.6	65 & Over	91.6	-----	
Home Delivered Meals	No	Cerebrovascular	8.4			RNs	15.2
Other Meals	No	Diabetes	2.8	Gender	%	LPNs	5.1
Transportation	Yes	Respiratory	4.7			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	12.1	Male	18.7	Aides, & Orderlies	
Other Services	No		-----	Female	81.3		
Provide Day Programming for			100.0				
Mentally Ill	No						
Provide Day Programming for							
Developmentally Disabled	No				100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.6	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	9	100.0	306	60	95.2	116	0	0.0	0	35	100.0	162	0	0.0	0	0	0.0	0	104	97.2
Intermediate	---	---	---	2	3.2	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		63	100.0		0	0.0		35	100.0		0	0.0		0	0.0		107	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	2.0	Bathing	0.0	67.3	32.7	107
Other Nursing Homes	3.3	Dressing	8.4	72.9	18.7	107
Acute Care Hospitals	87.4	Transferring	23.4	58.9	17.8	107
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.5	44.9	33.6	107
Rehabilitation Hospitals	0.0	Eating	56.1	33.6	10.3	107
Other Locations	4.0	*****				
Total Number of Admissions	151	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.7		Receiving Respiratory Care	3.7
Private Home/No Home Health	39.7	Occ/Freq. Incontinent of Bladder	49.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	13.5	Occ/Freq. Incontinent of Bowel	23.4		Receiving Suctioning	0.0
Other Nursing Homes	0.6				Receiving Ostomy Care	2.8
Acute Care Hospitals	5.1	Mobility			Receiving Tube Feeding	0.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9		Receiving Mechanically Altered Diets	18.7
Rehabilitation Hospitals	0.0					
Other Locations	9.6	Skin Care			Other Resident Characteristics	
Deaths	31.4	With Pressure Sores	6.5		Have Advance Directives	50.5
Total Number of Discharges		With Rashes	6.5		Medications	
(Including Deaths)	156				Receiving Psychoactive Drugs	68.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	92.7	1.03	90.2	1.06	90.5	1.06	88.8	1.08
Current Residents from In-County	87.9	84.6	1.04	82.9	1.06	82.4	1.07	77.4	1.13
Admissions from In-County, Still Residing	21.2	20.5	1.03	19.7	1.07	20.0	1.06	19.4	1.09
Admissions/Average Daily Census	137.3	153.0	0.90	169.5	0.81	156.2	0.88	146.5	0.94
Discharges/Average Daily Census	141.8	153.6	0.92	170.5	0.83	158.4	0.90	148.0	0.96
Discharges To Private Residence/Average Daily Census	75.5	74.7	1.01	77.4	0.97	72.4	1.04	66.9	1.13
Residents Receiving Skilled Care	98.1	96.9	1.01	95.4	1.03	94.7	1.04	89.9	1.09
Residents Aged 65 and Older	91.6	96.0	0.95	91.4	1.00	91.8	1.00	87.9	1.04
Title 19 (Medicaid) Funded Residents	58.9	54.6	1.08	62.5	0.94	62.7	0.94	66.1	0.89
Private Pay Funded Residents	32.7	32.6	1.00	21.7	1.51	23.3	1.41	20.6	1.59
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	42.1	37.4	1.13	36.8	1.14	37.3	1.13	33.6	1.25
General Medical Service Residents	12.1	20.2	0.60	19.6	0.62	20.4	0.59	21.1	0.58
Impaired ADL (Mean)	50.5	50.1	1.01	48.8	1.03	48.8	1.03	49.4	1.02
Psychological Problems	68.2	58.4	1.17	57.5	1.19	59.4	1.15	57.7	1.18
Nursing Care Required (Mean)	4.9	7.0	0.71	6.7	0.73	6.9	0.71	7.4	0.66